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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicant : Spejna et al.
Serial No. : 09/935,298
Filed : August 22, 2001
Title : STATOR WINDING SYSTEM AND METHOD WITH PALLET ON
PALLET ARRANGEMENT
Docket : 550134-086
Examiner : Dillon Jr., Joseph A.
Art Unit : 3651

Assistant Commissioner for Patents
Washington, D.C. 20231

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Sir:

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

In response to the restriction requirement mailed October 30, 2002, please amend the application as follows and consider the following remarks.

IN THE CLAIMS:

Please cancel claims 15-44 without prejudice to applicants' right to pursue such claims in one or more divisional filings.

Please add the following new claims:

01 --45. A stator winding method comprising:



3651

Please type a plus sign (+) inside this box → ☐Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/935,298
	Filing Date	August 22, 2001
	First Named Inventor	Spejna et al.
	Group Art Unit	3651
	Examiner Name	Dillon Jr., Joseph A.
Total Number of Pages in This Submission	Attorney Docket Number	550134-086

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct No.: 20-0809.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thompson Hine LLP 2000 Courthouse Plaza NE, 10 West Second Street Dayton, Ohio 45402-1758
Signature	
Date	11/26/02

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